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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/553,525			ling Date 29/2006	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL	ENTITY 🛛	OTHER THAN OR SMALL ENTITY			
FOR			NUMBER FILED		NUMBER EXTRA		Г	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A		ı	N/A		1	N/A		
	SEARCH FEE (37 CFR 1 16(k), (i), a	or (m))	N/A		N/A		ı	N/A		1	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A		]	N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		l	x s =		OR	x s =		
INE (37	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =			•		X \$ =		1	X \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 :	gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s).									
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										]			
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		1	TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
AMENDMENT	02/16/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	· 22	Minus	49		= 0	ı	X \$26 =	0	OR	X 8 =		
	Independent (37 CFR 1.16(h))	· 17	Minus	17		<b>-</b> 0	l	X \$110 =	Ó	OR	X 8 =		
	Application Size Fee (37 CFR 1.16(s))									Г			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,160))	*	Minus			-	ı	× \$ =		OR	× \$ =		
	Independent (37 CFR 1 16(h))		Minus	***		-	ı	X \$ =		OR	X \$ =		
ΙĒ	Application Size Fee (37 CFR 1.16(s))						ı			1			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						l			OR			
										OR	TOTAL ADD'L FEE		
**	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  "The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, process an application. Confidentially is governed by St. U.S. v. 1527mil 17 CH1 114. This collection is estimated to take 12 milliosts to compare, including gathering requires to complete in the form and or suggestions for reducing this burder, school be sent to the Chief Information Office. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA.22913-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA.22913-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA.22913-1450.